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| <i>Index of Claims</i>  | Application/Control No. 10018967 | Applicant(s)/Patent Under Reexamination SOBEK, WERMER |
| | Examiner Kwiecinski, Ryan D | Art Unit 3635 |

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|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | | <input type="checkbox"/> CPA | | <input type="checkbox"/> T.D. | | <input type="checkbox"/> R.1.47 | |
|--|----------|------------|------------|------------------------------|--|-------------------------------|--|---------------------------------|--|
| CLAIM | | DATE | | | | | | | |
| Final | Original | 07/09/2007 | 05/05/2008 | | | | | | |
| | 1 | ✓ | - | | | | | | |
| | 2 | ✓ | - | | | | | | |
| | 3 | ✓ | - | | | | | | |
| | 4 | O | - | | | | | | |
| | 5 | O | - | | | | | | |
| | 6 | O | - | | | | | | |
| | 7 | O | - | | | | | | |
| | 8 | O | - | | | | | | |
| | 9 | O | - | | | | | | |
| | 10 | O | - | | | | | | |
| | 11 | O | - | | | | | | |
| | 12 | O | - | | | | | | |
| | 13 | O | - | | | | | | |
| | 14 | O | - | | | | | | |
| | 15 | O | - | | | | | | |
| | 16 | O | - | | | | | | |
| | 17 | O | - | | | | | | |
| | 18 | O | - | | | | | | |
| | 19 | O | - | | | | | | |
| | 20 | O | - | | | | | | |
| | 21 | | ✓ | | | | | | |
| | 22 | | ✓ | | | | | | |
| | 23 | | ✓ | | | | | | |
| | 24 | | ✓ | | | | | | |
| | 25 | | ✓ | | | | | | |
| | 26 | | ✓ | | | | | | |
| | 27 | | ✓ | | | | | | |
| | 28 | | ✓ | | | | | | |
| | 29 | | ✓ | | | | | | |
| | 30 | | ✓ | | | | | | |
| | 31 | | ✓ | | | | | | |
| | 32 | | ✓ | | | | | | |
| | 33 | | ✓ | | | | | | |
| | 34 | | ✓ | | | | | | |
| | 35 | | ✓ | | | | | | |
| | 36 | | ✓ | | | | | | |

| | | |
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| CLAIM | | DATE | | | | | | | |
| Final | Original | 07/09/2007 | 05/05/2008 | | | | | | |
| | 37 | | ✓ | | | | | | |
| | 38 | | ✓ | | | | | | |
| | 39 | | ✓ | | | | | | |
| | 40 | | ✓ | | | | | | |